MAPLE LANE HEALTH CARE CENTER-FDD

N4231 STATE HWY 22

SHAWANO 54166	Phone: (715) 526-3158	3	Ownership:	County
Operated from 1/1 To 1	2/31 Days of Operation:	: 365	Highest Level License:	FDDs
Operate in Conjunction w	ith Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up an	d Staffed (12/31/03):	24	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capac	ity (12/31/03):	24	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 1	2/31/03:	24	Average Daily Census:	23

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	용
Home Health Care	No	Primary Diagnosis	용	Age Groups	8		8.3
Supp. Home Care-Personal Care	No					1 - 4 Years	4.2
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	70.8	More Than 4 Years	83.3
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	16.7		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	4.2		95.8
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	8.3	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	0.0	65 & Over	29.2		
Transportation	No	Cerebrovascular	0.0			RNs	5.9
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	7.7
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	50.0	Aides, & Orderlies	40.0
Mentally Ill	No	[Female	50.0	I	
Provide Day Programming for		1	100.0			I	
Developmentally Disabled	No	1			100.0	I	
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Method of Reimbursement

		edicare itle 18			Medicaid Sitle 19			Other			Private Pay		Family Care		Managed Care					
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	୍ଡ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				24	100.0	172	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	24	100.0
Traumatic Brain In	j O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	_	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		24	100.0		0	0.0		0	0.0		0	0.0		0	0.0		24	100.0

reicent Admissions from.	I ACI	TIVICIES OI	70	ASS	SISCANCE OI	o locally	Number or	
Private Home/No Home Health	33.3 Daily	y Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents	
Private Home/With Home Health	0.0 Bat	thing	0.0		66.7	33.3	24	
Other Nursing Homes	33.3 Dre	essing	33.3		41.7	25.0	24	
Acute Care Hospitals	33.3 Tra	ansferring	58.3		25.0	16.7	24	
Psych. HospMR/DD Facilities	0.0 To:	ilet Use	45.8		29.2	25.0	24	
Rehabilitation Hospitals	0.0 Eat	ing	70.8		12.5	16.7	24	
Other Locations	0.0 *****	******	******	*****	*****	*****	*****	**
Total Number of Admissions	3 Cont	inence		용	Special Treatm	nents	용	
Percent Discharges To:	Ind	velling Or Extern	al Catheter	0.0	Receiving Re	spiratory Care	4.2	
Private Home/No Home Health	0.0 Occ,	Freq. Incontiner	nt of Bladder	58.3	Receiving Tr	acheostomy Care	0.0	
Private Home/With Home Health	0.0 Occ,	Freq. Incontiner	nt of Bowel	20.8	Receiving Su	ctioning	4.2	
Other Nursing Homes	0.0				Receiving Os	tomy Care	4.2	
Acute Care Hospitals	50.0 Mobil	lity			Receiving Tu	be Feeding	4.2	
Psych. HospMR/DD Facilities	0.0 Phys	sically Restraine	ed	4.2	Receiving Me	chanically Altered Diets	70.8	
Rehabilitation Hospitals	0.0							
Other Locations	50.0 Skin	Care			Other Resident	Characteristics		
Deaths	0.0 With	n Pressure Sores		0.0	Have Advance	Directives	50.0	
Total Number of Discharges	With	n Rashes		0.0	Medications			
(Including Deaths)	2				Receiving Ps	ychoactive Drugs	66.7	

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		DD ilities		All ilties	
		\{ 	Ratio	응 	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	95.8	89.6	1.07	87.4	1.10	
Current Residents from In-County	58.3	33.5	1.74	76.7	0.76	
Admissions from In-County, Still Residing	33.3	11.3	2.95	19.6	1.70	
Admissions/Average Daily Census	13.0	21.3	0.61	141.3	0.09	
Discharges/Average Daily Census	8.7	25.0	0.35	142.5	0.06	
Discharges To Private Residence/Average Daily Census	0.0	11.4	0.00	61.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00	
Residents Aged 65 and Older	29.2	15.3	1.91	87.8	0.33	
Title 19 (Medicaid) Funded Residents	100.0	99.3	1.01	65.9	1.52	
Private Pay Funded Residents	0.0	0.5	0.00	21.0	0.00	
Developmentally Disabled Residents	100.0	99.4	1.01	6.5	15.40	
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00	
General Medical Service Residents	0.0	0.3	0.00	20.6	0.00	
Impaired ADL (Mean)*	41.7	53.1	0.78	49.4	0.84	
Psychological Problems	66.7	50.1	1.33	57.4	1.16	
Nursing Care Required (Mean)*	10.9	11.0	0.99	7.3	1.49	